

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049452

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

6734

STATE FILE NUMBER

FILED JAN 21 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
10 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 24 East Linwood

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
24 East Linwood

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Max

Plaut

4. DATE OF DEATH

Month December Day 31st, Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday) Approx. 82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Restaurant

10b. KIND OF BUSINESS OR INDUSTRY Food & Drink

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Joseph Plaut

13b. MOTHER'S MAIDEN NAME

Bertha

14. NAME OF HUSBAND OR WIFE

Johanna Plaut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Kansas

R. Plaut, 5601 W. 87th Overland Park,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Possible Cardiac Arrest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adams Stokes Syndrome

DUE TO (c)

Arteriosclerotic Heart Disease

Many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1st, 1962, to December 11, 1962, and last saw him alive on December 11th, 1962

Death occurred at 9:30 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Carl Strauss, md.

22b. ADDRESS

701 E. 63rd K.C., MO

22c. DATE SIGNED

1/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/2/1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Riverside Mort., Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.P. Louis Funeral Home, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

1-2-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl Strauss

VS 300
Rev. 4/59

1

3498

3

4 0

5 2

6

7 1

8 2

94200

10

11

1290-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Lucy Ruffington

Licensed Embalmer No. 2756

P. O. Address Chico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.